

CITY COUNCIL

September 27th, 2016

TO: Mayor and City Council

FROM: Tom Weil, City Manager

SUBJECT: Resolution MMB Application Process

BACKGROUND: The implementation of Medical Marijuana application process will require a cost recovery fee schedule for staff and consulting time to be created. The resolution before you outlines the four phases of the application process and an example of the application form for which fees will be established once the analysis of cost recovery is completed.

RECOMMENDATION: The City Council review and approve the resolution as presented.

FISCAL IMPACT: N/A

ENVIRONMENTAL ACTION: N/A

The Finance Director has reviewed the staff report and finds the recommendations to be within the budget constraints of the Department.

Attachments:

Resolution

Exhibit A

Exhibit B

Certified Medical Marijuana Employee Application

California City Release of Liability

CB3.

RESOLUTION NO. _____

**A RESOLUTION OF THE CITY COUNCIL OF THE CITY OF
CALIFORNIA CITY CALIFORNIA ADOPTING THE
PROCESS FOR ISSUING MEDICAL MARIJUANA
BUSINESS PERMITS**

WHEREAS, on September 13, 2016, the City Council adopted Ordinance No. 16-742, Amending Title 9, Chapter 2, Article 29 of the California City Municipal Code Regarding Medical Marijuana Dispensaries and Cultivation, Amending Title 9, Chapter 2, Article 21 "M1 Light Industrial District", and Adding Title 5, Chapter 6, Entitled "Medical Marijuana Business and Activity (the "Ordinance");

WHEREAS, the Ordinance authorizes the City Council to issue medical marijuana business permits to a limited number medical marijuana businesses in the City, subject to all the restrictions and operational requirements in the Ordinance;

WHEREAS, the Ordinance requires the City Council to adopt by resolution a procedure detailing the application and selection process that will be used in granting the medical marijuana business permits (Section 5-6.501 of the Municipal Code); and

WHEREAS, the City Council desires to ensure that an application and selection process is established which is consistent with the terms of the Ordinance, and provides a fair process for approving the most qualified and appropriate applicants for the community; and

WHEREAS, the application process which is being proposed for approval by this Resolution will screen, evaluate and rank applicants to identify which applicants can advance from the initial application process, Phase 1, Phase 2, Phase 3, and to Phase 4, where the City Council shall make the final decision which of the most qualified applicants will be awarded permits to operate a medical marijuana business in each category.

NOW THEREFORE, The City Council of the City of California City does hereby resolve as follows:

SECTION 1. The City Council hereby adopts the Medical Marijuana Business Permit Application and Selection Procedure as set forth in Exhibit "A" to this resolution, attached hereto and incorporated by this reference.

SECTION 2. The City Council also adopts the form Application for Medical Marijuana Business Permits in the form as set forth in the Exhibit "B" to this resolution, attached hereto and incorporated by this reference.

SECTION 3. The City Manager or his designee is hereby authorized to adopt regulations or procedures consistent with the procedures adopted herein, as determined to be necessary for the proper administration of the application and selection process.

Section 4. The City Manager is further authorized to make changes to the Medical Marijuana Business Permit forms, in a manner consistent with the Medical Marijuana Business Permit Application and Selection Procedures adopted herein, and as may be necessary for the implementation of those Procedures.

PASSED, APPROVED AND ADOPTED by the City Council of the City of California City at a public meeting held on the 27 of September, 2016.

AYES: COUNCIL MEMBERS:
NOES: COUNCIL MEMBERS:
ABSENT: COUNCIL MEMBERS:

Jennifer Wood, Mayor

ATTEST:

APPROVED AS TO FORM:

Denise Hilliker, City Clerk

Christian Bettenhausen, City Attorney

STATE OF CALIFORNIA)
COUNTY OF KERN) ss.
CITY OF CALIFORNIA CITY)


I, _____, City Clerk of _____, do hereby certify that the foregoing resolution was adopted on the _____th day of _____, 2016.

Denise Hilliker, City Clerk

EXHIBIT A

The following is the four phase application process that will be followed related to the issuance of medical marijuana businesses permits by the City:

- 1) Phase 1 consists of the initial application process and determines the applicant's eligibility. All applications are evaluated for completeness, and proposed business locations are evaluated for zoning eligibility. Finally, applicants undergo evaluations on their criminal history.
- 2) Phase 2 begins the evaluation, and ranks applicants which have advanced to Phase 2 by means of a complete and accurate application and eligibility screening. In this Phase applicants will be ranked based on their proposed location of business, business plan, neighborhood compatibility plan, and safety and security plan. Each of these components is assigned a weight and point level, allowing for scoring of each applicant based on the same criterion. The top twenty five (25) applicants for cultivation, and the top ten (10) applicants for all other categories excluding dispensaries, will move on to Phase 3. Dispensaries will be handled at a later date to the degree they may be authorized under the City's code.
- 3) Phase 3 further evaluates and ranks the top applicants by permit category. Applicants will be interviewed and evaluated by the Selection Committee based on the proposed businesses' final location, business plan, neighborhood compatibility, safety and security, community benefit, enhanced product safety, environmental benefits, labor and employment opportunities, local enterprise growth, and the qualifications of the business's principals. As with Phase 2, each of these components is assigned a weight and point level, allowing for the scoring of each applicant based on the same criteria. The scores from Phase 3 will be combined with the applicant's respective score from Phase 2 to establish a new ranking and identify the top twenty (20) cultivation applicants, and the top three (3) applicants for all the other categories excluding dispensaries as this time. The top twenty (20) cultivation applicants and the top three (3) applicants for all other categories will move on to Phase 4.
- 4) Phase 4 consists of each applicant attending a public meeting with the community and the Selection Committee. In addition to the already evaluated items, the selection committee will also consider community input, site inspection results, the feasibility of the business, the viability of the proposed location, and establish a final score and ranking. The overall scores will be presented to the City Council who will make the final decision on which applicant may be awarded a permit for each category, excluding dispensaries at this time.

	<p align="center">California City Public Works Department</p>	<p>FEE PAID \$ _____</p>
	<p>California City Public Works Department 21000 Hacienda Blvd, California City, CA 93505 Tel: 760-373-XXXX Email: XXX@Californiacity-ca.gov</p>	<p>DATE STAMP HERE</p>

MEDICAL MARIJUANA BUSINESS PERMIT APPLICATION FORM

Business Name: _____

Business Primary Contact: _____

Contact Title: _____

Contact's Mailing Address: _____

Phone #: _____ **E-mail:** _____

24-Hour Contact Information: _____

Type of Permit Being Requested: _____

Please select from one of the following categories for which you are applying for a Medical Marijuana Business Permit Application. A separate application must be completed for each category type in which you are submitting for consideration along with a separate fee (Cultivation, Distribution, Manufacturing, Transportation, and Testing Lab). Please note this process does not include dispensaries at this time they will have their own application process in a date to be determined by the City Council.

- ☐ Cultivation
- ☐ Distribution
- ☐ Manufacturing
- ☐ Transportation
- ☐ Testing Lab
- ☐ Please check this box to indicate whether there are other related applications.

For details about the information required as part of the application process, please see the Implementation Procedures to Operate a Medical Marijuana Business in California City, Ordinance No. 16-742 and additional requirements in order to complete the application process. All these documents can be found on the California City webpage: www.Californiacity-ca.gov

Phase II

Section A: Principal Background Information (Must be signed by all Principals)

Under penalty of perjury, I acknowledge that I have personal knowledge of the information stated in this application and that the information contained herein is true. I also understand that the information provided in this application, except the Safety and Security Plan in Section C and certain confidential information such as driver's license and social security number which can be redacted, may be public information and subject to disclosure under the California Public Records Act.

Principal Name: _____

Principal Title: _____

Principal Home or Cell Phone: _____

Principal Home Address: _____

Principal Signature: _____ **Date:** _____

Attachments:

____ Proof of status as a qualified patient or primary caregiver (State card or doctor recommendation)

____ Receipt from Live Scan check

____ Picture of applicant (two passport quality photographs 2X2)

____ Copy of Social Security Card

____ Copy of Driver's License, DMV issued ID Card or Passport

____ Employee Background Form

____ Proof of address (DMV-issued ID/driver's license, and/or recent utility bill under Principal's name)

Staff use only: Pass background check ☐

Principal Name: _____

Principal Title: _____

Principal Home or Cell Phone: _____

Principal Home Address: _____

Principal Signature: _____ **Date:** _____

Attachments:

____ Proof of status as a qualified patient or primary caregiver (State card or doctor recommendation)

____ Receipt from Live Scan check

____ Picture of applicant (two passport quality photographs 2X2)

____ Copy of Social Security Card

____ Copy of Driver's License, DMV issued ID Card or Passport

____ Employee Background Form

____ Proof of address (DMV-issued ID/driver's license, and/or recent utility bill under Principal's name)

Staff use only: Pass background check ☐

Principal Name: _____

Principal Title: _____

Principal Home or Cell Phone: _____

Principal Home Address: _____

Principal Signature: _____ Date: _____

Attachments:

____ Proof of status as a qualified patient or primary caregiver (State card or doctor recommendation)

____ Receipt from Live Scan check

____ Picture of applicant (two passport quality photographs 2X2)

____ Copy of Social Security Card

____ Copy of Driver's License, DMV issued ID Card or Passport

____ Employee Background Form

____ Proof of address (DMV-issued ID/driver's license, and/or recent utility bill under Principal's name)

Staff use only: Pass background check ☐

Add more pages as necessary to accommodate signatures of all Medical Marijuana Business Principals.

1. List whether, the applicant(s) has other licenses and/or permits issued to and/or revoked from the applicant, in the three years prior to the year of the permit application, such other licenses and or permits relating to similar business activities as in the permit application. If yes, please list the type, current status, issuing/denying for each license/permit. (Please attach a separate document explanation if necessary)

2. List any and all partners who have been found guilty of a violent felony, a felony or misdemeanor involving fraud, deceit, embezzlement, or moral turpitude, or the illegal use, possession, transportation, distribution or similar activities related to controlled substances, as defined in the Federal Controlled Substance Act, with the exception of medical cannabis related offenses for which the conviction occurred after the passage of the Compassionate Use Act of 1996. (Please attach a separate document explanation if necessary)

Section B: Business Organization Status

1. Describe the Medical Marijuana Business organizational status:

☐ Attach proof of status, such as articles of incorporation, by-laws, partnership agreements, and other documentation as may be appropriate or required by the City.

Section C: Medical Marijuana Business Description and Location

1. Statement of Purpose of Medical Marijuana Business (a separate sheet may be attached):

2. Proposed Location of Business: _____

3. Name and address of property owner: _____

4. Name and address of school closest to Proposed Location: _____

5. Name and address of existing alcohol related establishment closest to Proposed Location:

6. Have you received a Zoning Verification Letter? (Please check the appropriate response)

Yes _____ (If yes, include documentation with this section of the application) No _____

7. Description of neighborhood around the proposed location surrounding uses, nearby sensitive uses (such as schools, churches, parks, daycares, or residents), transit access to site, etc. A separate sheet may be attached.

8. Site plan must be dimensioned and show the entire parcel including parking and additional structures. In addition, please, show elevations and photos of proposed location (Attach to application). If any exterior alterations are proposed for the existing building, also attach proposed site plans (accurate, dimensioned and to-scale [minimum scale of ¼"] should be included for each potential location and elevations. A smaller scale can be used if the property is located on a ½ acre or more but in no case shall the dimensions be on a sheet of paper larger than 11X17.

9. Floor Plans (Attach to application accurate, dimensioned and to-scale [minimum scale of ¼"] should be included for each potential location). If any interior alterations are proposed for the existing building, also attach proposed floor plans. A smaller scale can be used if the property is located on a ½ acre or more but in no case shall the dimensions be on a sheet of paper larger than 11X17.

10. Signage Plan.

11. Vicinity Map.

12. Photos of the site and building(s).

Section D: Required supplemental information

This information is required for this application to be considered complete. Attach the following reports to the application. For explanation about the information required, see the Implementation Procedures handout.

- ☐ Business Plan
- ☐ Neighborhood Compatibility Plan
- ☐ Safety and Security Plan

PHASE III

Section E: Final Location Information

Only one site per application can be considered at this point. Attach proof of ownership of the site OR signed and notarized statement from the owner.

Section F: Essential Supplemental Information

This information is required and you must submit this as part of meeting the requirements for a completed application. Check the box evidencing that you have read the Description of Evaluation Criteria related to these specific categories in the Implementation Procedures and attach the relative report(s) to the application.

☐ Enhanced Product Safety

☐ Environmental Benefits

☐ Community Benefits

☐ Labor and Employment

☐ Local Enterprise

☐ Qualifications of Principals

Staff use only:

Date of initial application: _____

Number assigned to application: _____

Date fee received for Phase II: _____

Date application reviewed for Phase II: _____

Points Awarded in Phase II: _____

☐

Continued to Phase III

☐

Denied

Date fee received for Phase III: _____

Date Proof of ownership was verified or a signed and notarized statement from the property owner was received for Phase III: _____

Date application reviewed for Phase III: _____

☐

Approved

☐

Denied

Date fee received for Phase IV: _____

Date application reviewed for Phase IV: _____

☐

Approved

☐

Denied



CALIFORNIA CITY POLICE DEPARTMENT

**Certified Medical
Marijuana Employee**

Permanent Employees Only

21130 Hacienda Blvd.
California City, Ca 93505
(760) 373-8606

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CERTIFIED MEDICAL MARIJUANA APPLICANT INFORMATION

Name as Shown On
Application



LAST NAME ON APPLICATION

FIRST NAME ON APPLICATION

MIDDLE NAME ON APP.

APPLICANT INFORMATION

Social Security Number

LAST NAME ON SOCIAL SECURITY CARD

FIRST NAME ON SOCIAL SECURITY CARD

MIDDLE NAME ON SOCIAL SEC. CARD

California Driver's License

LAST NAME ON CALIFORNIA DRIVER'S
LICENSE

FIRST NAME ON CAL. DRIVER'S LICENSE

MIDDLE NAME ON CAL. DRIVER'S LIC.

SEX

AGE

DATE OF BIRTH

RACE

HEIGHT

WEIGHT

HAIR

EYES

☐ Male ☐ Female

LIST YOUR CURRENT HOME ADDRESS, CITY, ZIP CODE (**NO P.O. BOXES ALLOWED**)

CELL PHONE #

LIST ANY OTHER NAMES YOU HAVE EVER USED (Maiden, Married, Nicknames, etc.)

BIRTH
COUNTRY/STATE

LANGUAGES SPOKEN

CRIMINAL HISTORY

LIST ALL ARRESTS! (An Arrest is considered anything other than traffic citations) IF ADDITIONAL SPACE IS NEEDED, USE THE BACK OF THIS FORM. **YOU MUST READ THE INSTRUCTION PAPER PRIOR TO FILLING THIS OUT.** **FALSIFICATION OF THE FOLLOWING IS GROUNDS FOR IMMEDIATE TERMINATION!!! IF YOU ARE UNSURE, THEN LIST IT!**

1	ARREST DATE	ARRESTING AGENCY / LOCATION / COURT NAME	CHARGE / REASON FOR ARREST
	DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.)		
2	ARREST DATE	ARRESTING AGENCY / LOCATION / COURT NAME	CHARGE / REASON FOR ARREST
	DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.)		
3	ARREST DATE	ARRESTING AGENCY / LOCATION / COURT NAME	CHARGE / REASON FOR ARREST
	DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.)		

STATEMENT OF PERJURY

I DECLARE UNDER THE PENALTY OF PERJURY, UNDER THE LAW OF THE STATE OF CALIFORNIA, THAT THE FOREGOING IS TRUE AND CORRECT TO THE BEST OF MY OWN KNOWLEDGE DATED THIS DATE.

APPLICANT'S SIGNATURE	JOB TITLE (SAME AS BICYCLE 'S TITLE)	DATE
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POLICE DEPARTMENT USE ONLY

DATE / TIME	\$ VOUCHER #	\$ RECEIPT #	CITY MMJ ID #	BGPD EMPLOYEE / #
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CALIFORNIA CITY POLICE DEPARTMENT
Additional Arrest Information
Employment History
Background Investigation Release

21130 Hacienda Blvd.
California City, Ca 93505
(760) 373-8606

For all Medical Marijuana Owners, Employees and volunteers

Page 2 of 2

ADDITIONAL ARREST INFORMATION

ARREST DATE	ARRESTING AGENCY / LOCATION / COURT NAME	CHARGE / REASON FOR ARREST
DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.)		
ARREST DATE	ARRESTING AGENCY / LOCATION / COURT NAME	CHARGE / REASON FOR ARREST
DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.)		
ARREST DATE	ARRESTING AGENCY / LOCATION / COURT NAME	CHARGE / REASON FOR ARREST
DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.)		

MOST RECENT CERTIFIED MEDICAL MARIJUANA EMPLOYMENT HISTORY

BUSINESS NAME	CITY / STATE	PHONE	START DATE	END DATE

BACKGROUND INVESTIGATION RELEASE

To Whom It May Concern:

I am an applicant / employee with the Certified Medical Marijuana. I desire and request the Chief of Police of the City of California City, and/or his agents, employee or lawful representative(s) to take my photograph and fingerprints.

I Desire to forward them, or the classification for each identification as may be necessary, to the State of California Department of Criminal Identification and the Federal Bureau of Identification, or any other law enforcement agency directed by the Chief of Police.

I understand this will serve to disclose any record of arrests to which I have been the subject that resulted in conviction. I further agree to hold the City of California City, its officers, agents, or lawfully delegated representatives, harmless from any action, actions, or damages whatsoever or at all, which may result from the taking of such fingerprints or forwarding them to the appropriate law enforcement agency for a record's check.

By signing the below, I am agreeing and complying with the above. I also understand that falsifying and/or omitting any information on this application may be grounds for denial of employment or termination of employment per California City's Certified Medical Marijuana Municipal Code (Ordinance Number 16-742).

APPLICANT'S SIGNATURE	DATE	CALIFORNIA CITY PD EMPLOYEE ID #	DATE
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California City Limitations on City's Liability and Certifications, Assurances and Warranties – (Must be completed by all applicants)

This form is intended to meet the requirements of Section 5-6.807, and other requirements of the City's Medical Marijuana Ordinance.

a. WAIVER AND RELEASE OF LIABILITY AND AGREEMENT TO INDEMNIFY THE CITY OF CALIFORNIA CITY

The applicant and all owners and operators hereby waives and releases the City of California City, together with its elected officials, officers, employees, agents, insurers and attorneys (hereinafter collectively referred to as "City) from any and all liability for monetary damages related to or arising from the application for a permit, the issuance of the permit, or the enforcement of the conditions of the permit. The applicant certifies that under no circumstances shall the applicant cause any cause of action for monetary damages against the City of California City, the permitting official or any City employee or agent as a result of this permit application or issuance or the enforcement of the conditions of the permit.

b. RELEASE CITY OF CALIFORNIA CITY FROM LIABILITY FOR ISSUING THE APPLICANT A PERMIT

By applying for a permit pursuant to the California City Medical Marijuana Business Permit and by accepting a permit from the City Manager acting as the California City Local Permitting Authority, the applicant/permittee, owners and operators, and each of them, waives and releases California City, and its elected officials, officers, employees, agents, insurers and attorneys, and each of them, from any liability for injuries, damages, costs and expenses of any nature whatsoever that result or relate to the investigation, arrest or prosecution of business owners, operators, employees; clients or customers of the applicant/permittee for a violation of state or federal laws, rules or regulations relating to cannabis activities.

c. AGREEMENT TO INDEMNIFY CITY OF CALIFORNIA CITY

By applying for a permit pursuant to the California City Medical Marijuana Permit Program and by accepting a permit, from the City Manager acting as the California City Local Permitting Authority, the applicant/permittee, owners and operators, and each of them, jointly and severally if more than one, agrees to indemnify, defend and hold harmless California City, and its elected officials, officers, employees, agents, insurers and attorneys, and each of them, against all liability, claims and demands, of any nature whatsoever, including, but not limited to, those arising from bodily injury, sickness, disease, death, property loss and property damage, arising out of or in any manner related to the operation of the Medical Marijuana business that is the subject of the permit.

- d. The applicant, Medical Marijuana business manager and anyone with an ownership interest in the business referenced herein represents and certifies they have submitted to a Live Scan background check no earlier than 30 days prior to the date of this application.

- e. For renewals, the applicant represents and certifies that they continue to hold in good standing any permit/license required by the State of California where applicable for a Medical Marijuana business operation.
- f. The applicant understands that operators, employees and members of the Medical Marijuana business may be subject to prosecution under Federal Laws.
- g. The person whose signature appears below is authorized to sign this application on behalf of the business and has submitted this information and all attachments as required by the application process to obtain a Medical Marijuana permit from the City of California City.

I declare under penalty of perjury that the information provided on this form is true and correct and do hereby apply for a permit pursuant to California City Municipal Code Sections Section 5-6.301, 5-6.805 and in compliance with California City Municipal Code Section 5-6.907 and all other applicable Sections of this Ordinance.

Applicant Signature

Printed Name and Title

Date

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of _____

Subscribed and sworn to (or affirmed) before me on this _____ day of _____, 20____, by _____, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

(Seal) Signature _____